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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2019

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
000321640	Christopher Reidy, M.S.W., LLC			
3. NAICS Code 621330	Brief description of the character of business conducted in Rhode Island Practice of Clinical Social Work			
5. State of Formation Rhode Island				
6 Principal Office Address	1	City	State	Zip
38 Bellevue Ave., Unit J		Newport	RI	02840
7 Mailing Address of Limite	ed Liability Company and Name or I	itle of Contact Person		
Contact Name Christopher Reidy		Contact Title Owner		
Street Address 9 Kay Ter		City Newport	State	^{Zip} 02840
8. The Resident Agent infor	mation currently of record with the I	RI Department of State is acc	urate. Changes requir	e filing Form 642.
	y, I declare and affirm that I have tatements contained herein are to		ding any accompany	ring schedules and
Name of Authorized Person			Date	
Christopher Reidy			12-10-2024	
Signature of Authorized Per	Lutoph Daw			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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